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ABSTRACT

This paper examines characteristics of a typical 6-year-old and characteristics of attention deficit hyperactivity disorder (ADHD), including distractibility, impulsiveness, inattention, and hyperactivity. The occurrence of ADHD in gifted students is discussed. Possible causes of ADHD are noted. The 5 "M" program of treatment is presented, which involves: (1) medication with stimulants to help the student pay attention; (2) management using behavior modification techniques, which included acknowledging adherence to classroom rules, teaching self-monitoring of behavior, allowing children to help design classroom rules, and using rewards and punishments to reinforce rules; (3) modification of the classroom environment to meet student needs; (4) modeling appropriate behavior; and (5) mothering (and fathering, too!), which calls for unconditional love and acceptance of the child, as ADHD children must perceive that they are loved if they are to accept themselves. The paper concludes that through steady support and management, the gifted ADHD child is not only teachable, but can provide a great deal of positive stimulation to the classroom environment. (JDD)

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Surviving Gifted Attention Deficit Disorder Children in the Classroom

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Whenever one tries to describe the behavior and characteristics of children who deviate from what is considered normal for the age it is mandatory that "normal" is examined. What is normal for a child of 5 years, or six years? This is the age that children most often enter school and thus is the age that differences between children are most likely to be seen. Gifted children by definition are different from mainstreamed children. Furthermore, in recent years, educators and physicians have explored variety of syndromes that explain behavioral diversity. One is Attention Deficit Hyperactivity Disorder (ADHD). In this paper we will address the question, "What happens when a child is both ADHD and gifted?" To begin to answer the question, we will address characteristics of a typical six year old, characteristics of gifted children who are excluded from identification as gifted, and characteristics of ADHD.

Characteristics of Typical Six Year Old

Discovering what is expected for a six year old is not as simple as might be thought, but following are some of the characteristics that have been described as typical of the six year old.

less timid
more ready to explore the world
vigorous
energetic
eager for new experiences
jealous

feels unloved and unwanted
may have difficulty playing amicably with other children
demanding
wants privacy
needs to achieve
concerned with right and wrong
likes to give and receive gifts
need for increased outlets for physical, social, and
creative urges
more curious
as a rule, listens well
eager to explore, investigate, and experiment
aggressive, vigorous, boisterous, and wants to be first

What appears from the descriptions seems to be a very active, inquisitive child who is very eager to learn. Let us now look at the gifted child, but from the perspective of the child who displays characteristics that are apt to prevent children from being identified and\or to prevent them from inclusion in programs for the gifted.

Characteristics of Gifted Children Excluded From Gifted Programs

These characteristics include:

makes jokes or puns at inappropriate times
bored with routine tasks and refuses to do them
is self-critical, impatient with failures
tends to dominate others
would rather stay by oneself
difficult to get to move into another topic when engrossed
often disagrees vocally with others in loud, bossy manner
emotionally sensitive- may over react
not interested in details, often hands in messy work
refuses to accept authority, nonconforming, stubborn
(Taylor, 1984)

Characteristics of ADHD Children

Describing behaviors that fit the classification of ADD, especially if hyperactivity is present is not difficult. Any parent or teacher who has interacted with such a child can

describe the characteristics. These children stand out in adults' minds because the inappropriate behavior effects teachers, parents, and other children in negative ways. In order for interactions with others to be considered positive, there must be more positive than negative events occurring. Since interactions with these students are often mostly negative, there are few positive events recognized to balance the negative. On top of the imbalance, most reactions of these children are stronger than those expected in normal responses and thus encourage excessive control by the adult. It is little wonder that the young ADHD child is seen as a terror!

Characteristics of the behavior of ADHD children often fall into the following categories:

I. distractibility-

- reacts to noises that other children tend to ignore
- are distracted by their own person. become preoccupied with a loose thread, untied shoelace, wrinkle in their shirt, etc.
- daydreams
- is tactually distracted

  is always moving and is constantly touching everything and everyone. cannot just walk down hall- must touch wall and everyone in the hall
- tunes out teachers and parents

II. impulsiveness-

- has difficulty controlling emotions, cries easily
- acts inappropriately for the specific time
- blurts out answers, often before question is finished
- interrupts teachers and peers in work, games, etc
- cannot wait to begin tasks
- rushes through work, makes many errors
- can't regulate own behavior according to the situation
- says rude things, seems sassy
- has a short fuse
- can't take "no" for an answer
- can't accept delay, can't wait turn

III. <u>inattention</u>-

- poor concentration
- short attention span
- often very disorganized
- difficulty completing tasks, shifts from task to task
- doesn't seem to listen
- frequently loses things they need

IV. <u>hyperactivity</u>-

- can't sit still
- fidgets, squirms
- poorly organized
- knows rule, doesn't follow them

- never quiet
- legs swinging constantly
- tap fingers on desk, chews pencils
- makes noises while working
- needs less sleep
- unusually loud
- engages in physically dangerous activities without thinking of the consequences.

When these characteristics are combined with additional related difficulties the child, especially the gifted child, becomes at great risk of not perceiving our social structures in a rewarding, self-fulling manner. These are children who speak out and act out at the wrong time and frequently just can't sit still. Most physicians, parents, teachers, counselors, and peers report very similar behavior, all of which tend to disrupt both the ADHD child's life and the lives of those around them. These behaviors are often especially troublesome to gifted children because they realize that they are being perceived as different.

Do Gifted and ADHD Children Compare?

There are striking similarities among the characteristics of gifted and ADHD children although the levels and acceptability of behaviors are often different. For example, a typical gifted child who daydreams may be viewed as being engaged in creative thinking. A gifted/ADHD child in the same situation may be chastised for being off task. Why? As previously stated, the

child with ADHD does not have a backing of positive events to balance the "off task" behaviors. As we involve ourselves with helping children, all children, attain their individual goals it is important to remember that they are first, children. Many gifted children, especially those not included in gifted programs, and those with ADHD demonstrate behavior which interferes with their ability to develop the appropriate skills needed in both the social and academic areas. Both groups of children respond very differently both quantitatively and qualitatively than other children their age, and once behind find it very difficult to catch up. Often the behavioral and attention difficulties mask the high abilities of these children. Thus, they may become labeled underachieving as well as ADHD. We will refer to these students as AD/GT in the remainder of this paper.

Causes of ADHD

We do not know what causes children to demonstrate ADHD, gifted or not. Although the cause is seen as nonspecific at the present time, we do know that the child or parent is not at fault. There also is no evidence to indicate that this disorder is caused by a lack of love or care by parents. About 5-10% of school age children demonstrate ADHD characteristics (Stewart, unpublished) which indicates the importance for all teachers and parents to be aware of both the problems caused and of possible treatments. Most experts in the field seem to agree that there is some genetic basis for the disorder because of the tendency

for it to occur in families. This paper will not examine further possible causes. Instead, the important problem for adults working with ADHD children, discovering methods to help children learn to better control their own behavior in order to make the classroom more pleasant for all will be examined.

Dealing with Gifted ADHD Children in the Classroom

At present there is no successful single treatment or method for managing classroom behavior or for curing the disorder. In past years a variety of treatments have been tried and disproved as being effective. These include the following:

- removal of food dyes, additives, flavors (Feingold diet)
- removal of sugar from the diet
- megavitamin therapies
- sensory- integration training
- fluorescent lighting
- play therapy (as primary treatment)

Most professionals knowledgeable about ADHD advise a multi dimensional intervention program. One model of treatment that seems to be typical of treatment programs suggested by these professionals today is the 5 "M" program (CRC, 1988). The five "M's" stand for:

- Medication
- Management
- Modification
- Modeling
- Mothering

Treatment must take a multi method form in order to help young children learn to plan ahead, to think sequentially, and to learn how to organize the various parts of their lives. Any such program is a long term procedure and takes much commitment from all of the adults involved with the child. To demonstrate and provide ideas for using a multi dimensional program the different facets of the 5 "M" model will be explored using application for use in the classroom. In working with gifted children teachers may choose to include them in the development of the intervention.

MEDICATION

A major aspect of treatment for children with ADHD is medication with stimulants. Of all individuals diagnosed as having ADHD, 80-90% are treated at some time with one of the most popular stimulants, Ritalin, Cylert, or Dexedrine (McCall, 1989). The reason being that these drugs do seem to help in the short term for between 60-80% of those who take it, especially when used in combination with other treatments (Emergency Medicine, 1990). In order for behavioral or psychotherapy type programs to be effective, the student must be able to pay attention and understand what the parent or teacher is telling them. Stimulants often are able to help the individual do so. Medication also seems to be more effective with non-aggressive children who have continued stable support from adults at home.

Ritalin is the stimulant used most often because it seems to

have fewer side effects than the other drugs available. It is prescribed in order to help the child control behaviors such as impulsivity and distractibility that interfere with social and academic learning. The AD/GT child's behavior often interferes with group activities which are often used in gifted programs.

After adjustment of dosage for individual reactions, the child is often better able to attend to the environment in a way more conducive to learning. Ritalin does not, however, teach social skills or appropriate behavior, nor does it make the child respond as a normal child would. Parents and teachers must teach and model these skills in a supportive and yet structured way. Adults in the child's life, especially parents and teachers, must work together so that negative effects, such as anxiety and/or a negative home or school environment do not interfere with the possible positive effects of the medication.

MANAGEMENT

Many of the techniques for management of ADHD behavior use classic behavioral modification techniques. These techniques are helpful in altering behavior, but they are not cures. The change in behavior allows the child to function in society, but ADHD children do not become normal and will not act like other children their age. These techniques only help alter behavior as long as the teacher and/or parent stick to the strict program of rewards and punishment in combination with the other parts of the plan. Still, the teacher must be aware that ADHD children often do not react as other children do to rewards and punishment. If

the program is followed closely many children can achieve a more pleasant existence.

There are a number of techniques that can be used to help change the child's behavioral patterns using rewards and punishments. Most methods involve following a strict structure for teacher/student interaction. Teachers, especially those of gifted children, often find this difficult because flexibility and divergent thinking may be limited in such a structure. In helping ADHD children change behavior habits, teachers cannot be flexible about holding to either structure or consequence.

In any type of reward-punishment system, the setting and the reinforcement of rules is a major part of success. Children are more likely to remember and to follow rules if they have had a role in designing the rules. This may be especially true with gifted children. AD/GT children are no different. In developing the plan, the teacher and student may begin with a single rule, being sure that this rule, and those that follow, are short, easy to follow, concrete, and easily enforceable. Stating rules in a positive light lets all children know the desired behavior. For example, if a ADHD/GT child continually disrupts a problem solving activity with rocking his/her chair, the rule may be, "during problem solving I will keep all four legs of my chair on the floor."

ADHD children have a difficult time attending to rules and are apt to have many lapses at first. The teacher should expect these lapses and not hesitate to provide reminders and cues to

help the child be successful. When the consequences are clear to both child and adult it is easier for the adult to state the rule and consequence without having to argue. Staying calm is a must for the teacher if the child is expected to have a chance of being successful.

Acknowledging successful adherence to the rule should be an important part of any behavioral modification plan. Too often appropriate behavior is taken for granted and not mentioned because the teacher is too busy watching for the misbehavior. AD/GT children need as much guidance in identifying the desirable behavior as they do the inappropriate behavior. Teachers must make an extra effort in this regard. Classmates can also become part of this plan as well. Having a classmate say they liked the suggestion the child gave for the group project can do a lot toward helping the student learn to identify their own positive behavior.

Other methods for rewards include tokens and contracts. Involving the child in such systems allows them to feel that they are in some control of what happens to them. In applying a token system, the teacher and child make a list of activities that the child considers desirable and which are possible in the school setting, and determines the "cost" for each activity. As the child demonstrates the target behavior he/she receives an appropriate number of tokens until the "cost" is achieved for the activity.

Developing contracts can be a successful method for changing

behavior with many AD/GT children. Contracts involve a combination of the concepts dealt with in setting up rules and in the token system. Teacher and child together write up in simple, specific, and very concrete terms the behavior to be demonstrated, the reward for displaying the behavior, and the cost for not fulfilling the contract. Along with specific rewards and consequences are definite time limits for satisfying the contracts. This allows for the natural adjustment of the contracts as the child progresses and allows for a clean slate if they do not complete some contracts successfully without extreme damage to the already fragile self concept.

Whether used with tokens or with contracts, the best plan of action for changing behavior in a positive manner is to encourage appropriate behavior. Since ADHD children become used to being reprimanded they may forget that they do good things and that they are likable. Providing the ADHD child with rewards for a specific desired behavior often works well in that it tends to help redirect attention to the positive rather than to dwell on the inappropriate.

The last suggestion to be discussed and perhaps the most important for the gifted child is the concept of self instruction. Whenever possible AD/GT children need to learn how to monitor their own behavior. Although they may be more able to do this after the age of 10 or 11 years old, AD/GT children may begin to learn helpful techniques while younger. Teaching children simple methods to guide their own behavior is a major

aspect of helping ADHD children become more in control. A variety of plans have been used to help ADHD children learn the technique. A system of stop, look, listen, and then act, helps slow down the constant motion to the point that many children may be better able to attend to the present situation. Once a child has mastered this type of routine it may be possible to redirect inappropriate behavior about to happen by reminding students to stop, look, listen, then act.

All of the previous suggestions for management of rewards and punishments are more effective when used along with the other "M's." The next "M" to be covered is modification.

MODIFICATION

Modification in this context refers to altering the classroom environmental factors depending on the needs of the child. We do this naturally for all special needs children. For example, if a child is blind we make sure that the aisles are free from clutter. We must simply do the same for the ADHD child.

The first area that must be adapted to the child's needs is the physical classroom. Teachers at all grade levels try to make classrooms bright and cheerful. Most children do well in these classrooms, but ADHD children may not do well if the classroom is redecorated more frequently than every 2-3 weeks. In fact, weekly change may stimulate these students to the point that they become more out of control. This would be especially true with

bulletin boards which deal with classroom rules and proceedings that are changed too frequently.

Children enjoy changing seats within the classroom. This change can reduce the activity level and decrease the distractibility within the classroom. This is also true for ADHD children although there are additional factors that must be considered. ADHD children will attend and perform better when the teacher is near. Therefore, when changing classroom seating arrangements, teachers should attempt to keep the same relative spacial relationship with the ADHD child. For the most part, ADHD children seem to manage better sitting in the front of the class where there are fewer distractions. This also reduces the visual distance between the child and the board and between child and teacher. This seating makes it easier the ADHD children to focus attention on the teacher or activity. In all classrooms there will be some children who seem to provoke the ADHD child more than others. It only makes sense to insure that the provoker is seated far from the ADHD child.

Classrooms can also be modified to provide ADHD children the freedom to learn. Although these children need specific and well defined structure and limits they are not able to deal well with rigidity or with sitting still. They need positive and acceptable ways of interacting with the class that will allow them to move and to get relief from the stimulation. Possible ways for providing this structured freedom includes involving the children in active ways such as passing out paper, erasing the

board, taking messages to the office, and depending on the classroom setup, even to allowing children to do class work in places other than at their desks.

Often the learning tasks involved are more distracting than the surroundings. Children who have difficulty attending are often able to attend better to tasks that involve fewer items. Answering five math problems may be manageable, whereas dealing with a page of 30 may be out of the question. Breaking the task into 6 smaller tasks by the teacher takes little time and may be well worth the time for the child's success.

Handling daily assignments can be made easier by having children keep a daily assignment sheet that is shared with both parents and teachers every day. It provides children a feeling of knowing what is happening and encourages the development of study skills. Assignments for ADHD children must be short and should emphasize accuracy over quantity. Gifted children often do not like to do a lot of work after they believe they know it, and when ADHD is added to the formula, the resistance is even greater. Neatness is another area that causes ADHD children great difficulty. Demanding that children who are impulsive and inattentive to be as neat as the rest of the class may cause the children to simply give up because they know they will never make it.

How teachers communicate with children affects how well they are able to follow directions. This statement is even more true for ADHD children. The first requirement for meaningful

communication is that the teacher must have the ADHD child's attention before beginning the interaction. One way to do this is to wait until eye contact is made before beginning. Maintaining contact is a means of checking attention and understanding. Requests made to ADHD children must be simple and be introduced one at a time. Any request must be made as a request rather than as a question or favor. ADHD children are not able to understand that a question is not a question and is actually a demand. After being certain that the request is feasible, be firm in the request and take no argument. It often helps to have the child repeat the request to be sure that everyone understands the request.

When a task involves several steps ADHD children may have a difficult time staying on task. It may help to provide these children reminders of what comes next by saying, "I see that you have done _____, what will you do next?" This reminds them what they are doing as well as helps them to stay with the task.

Nonverbal cues are important in working with ADHD children. Cues should be given when the child is getting off task as well as when the child is on task. For example, loss of eye contact may indicate lack of understanding. Walking to the child while still talking, touching a shoulder or nose, or using any other cue that the child recognizes often is enough to refocus the child. Teachers can develop cues with the class that will help keep the entire class in focus and can be used by any class member if they believe it necessary. In this endeavor peers can

be powerful models for ADHD children and can provide positive reinforcement as well as the teacher.

MODELING

Modeling appropriate behavior is essential. An area that is often overlooked when trying to deal with children demonstrating disruptive behavior is the importance of their emotional well being. Many AD/GT children are very aware that they "do" things that do not please others. They also know that they can not stop themselves. One six year old told his mother, after getting into trouble at school again, "My mind said no, but my body just went right ahead."

If young children can be taught self monitoring techniques to increase the awareness of their own behavior, it will be easier for them to begin to learn how to adjust their behavior to better fit classroom and home situations. One method of doing this involves teaching and modeling a process that children can develop to talk through a problem. This plan can be expanded to include the negative events that occur in their lives. Besides allowing children to look at the results of the behavior as it is occurring it will encourage them to slow their responses, and perhaps will decrease their impulsitivity. An example of this process might look like this:

Teach the child to make direct statements about what feelings are involved before doing anything.

-I am angry because I am finished and have to wait.

Teach the child to think of something to do that will allow movement and not disturb the teacher.

-I will draw a picture on this paper

-I will go to the book corner

Teach the child to use reinforcing statements for his decision to act or to decide to find new actions.

-not bad, I did that well

-oops, that wasn't very good. Mrs. Smith is looking at me. I'd better think of something else. Maybe I'll make up my own math problems.

As children use self feedback, the teacher can reinforce their statements with cues that indicate that they are doing well, or if needed the teacher can step in, can model appropriate behavior, and can provide enough support to get the students back on task. After the episode or activity is completed, the students should be encouraged to make statements about how they feel the task went, and how they might do things differently the next time a similar circumstance occurs. This program can be initiated as a whole class activity as well. Being able to reflect on one's behavior is helpful for all students, but most advantageous for those with ADHD.

ADHD children certainly must learn to control their physical behavior if they are to function successfully in classrooms and in society. This ability to be in control of themselves is directly related to their emotional behavior. Teachers and other adults can be the strongest models children have from which to

learn control of feelings. Teachers or parents cannot afford to lose control of emotions in response to their children's lack of control. Teachers should verbalize their frustrations and work through them in a calm way, demonstrating to the out of control child a more effective method.

Teachers can also act as a positive model by giving children's undesirable behavior the absolute minimum amount of attention that is required to manage the situation. Excess attention may actually reward or encourage the very behavior that is considered inappropriate. Retaining composure while using the technique(s) that seem to work best with the individual child is probably the best model ADHD children have. Isolating disruptive children is not the answer if we are concerned about the emotional well being of children. Even young children must learn to function in a social structure.

Social skills are necessary for children to interact with each other. Many AD/GT children do not have social skills comparable to their peers because they are not able to recognize the social cues presented. Once children have reached the point that they are better able to attend and to control their behavior they must begin to learn the skills that their peers use naturally. Teachers and parents may have to actually teach some of these skills as well as to point out to the children what to look for in other children's interactions. Teachers do not help ADHD children by allowing them to use adults as their only social support, even though many gifted children naturally relate better

to adults than to their peers.

Parents can, and must be an integral part of ADHD children's emotional management development. Home and school must work together and support the child in all situations. By sharing the progress and problems the adults can work together to provide the child with the support needed.

Emotional health which results from a child learning to control and understand their own behavior is directly related to the last "M," mothering.

MOTHERING (and Fathering, too!)

It is difficult to unconditionally love and accept a child who causes nothing but trouble, but ADHD children must perceive that they are loved if they are to accept themselves. Teachers and parents must learn to separate the child from the behavior. The child must understand that being out of control is not the same as being a bad person.

It is not unusual for parents and teachers to demand more from children with special needs than they do from a normal child. The third grade boy who has a hard time sitting still and occasionally speaks out or disrupts the class is usually handled in a calm, matter of fact manner. ADHD children, on the other hand are expected to sit perfectly still and are treated in a negative manner when they exhibit behavior that is actually normal for the age level. Teachers are on the alert for misbehavior from "those kids" and do not allow them to be kids.

Consider the following example of how adults forget that the six year old ADHD child is first a six year old. The little boy was about to enter his third school since beginning kindergarten last year, but was still eager to learn. He was now in first grade and was being transferred to a new school so that he would not have to ride 1 hour and 15 minutes each way to school on the bus. Sounds good and makes good sense; however, he was to leave his house at the same time, get off the first bus at the bus barn, wait for 25 minutes by himself, unsupervised, for the second bus to take him to school. When his mother questioned this, and offered to take him to the bus barn at the appropriate time to catch his bus she was told by the special education supervisor that she was pampering him. This was a six year old! No normal six year old, whether normal, gifted, or ADHD should be allowed to be put into this situation!

To help children and adults accept ADHD children as being capable and valuable, it is important that support and assistance is offered at the children's level. Until children are about 10 or 11 years old, most are not able to clearly tell you about their needs. This is true for all children. In order to know what is needed adults must watch for cues. When children feel that they have no worth adults must tell them differently. The child must be told that they are loved in direct and straightforward terms. If they can't accept the verbal statements, as is true for some ADHD children, non verbal statements can send the same message. Smiles, winks, soft pats,

and other physical messages help children see themselves as successes. Breaking habits and making changes in behavior is hard work, and to be successful children must know that they are worth making the effort.

SUMMARY

Once children are able to think abstractly, often around 10 or 11 years of age they can become better able to monitor their own arousal states. They can feel when they are becoming over stimulated and can be taught to act on them. When children reach this point with positive feelings about themselves they are better able to internalize the feeling that they aren't "dumb and bad." The effort made to this point by parents and teachers is well worth it.

Finally, as all teachers and parents know, life is full of challenges. The goal of helping the AD/GT child to be successful in the classroom is not insurmountable, but it is not easily attained. Through steady support and management the AD/GT child is not only teachable, but can provide a great deal of positive stimulation to the classroom environment. As teachers and parents we must accept these children as they are and help them to become who they are.

REFERENCES

Children's Resource Center informational packet for parents. (1988). Bowling Green, OH.

Emergency Medicine, March 15, 100-112.

McCall, R. (1989). A.D.D. alert. Learning, 17(5), 66-69.

Stewart, M. (unpublished). For parents of hyperactive children. paper included in information packet of Carle Clinic Association. Urbana, IL.

Taylor, R. (1984). Building a quality program for gifted students: A resource handbook. Paso Robles, CA: Bureau of Education and Research.

REFERENCES

Children's Resource Center informational packet for parents. (1988). Bowling Green, OH.

Emergency Medicine, March 15, 100-112.

McCall, R. (1989). A.D.D. alert. Learning, 17(5), 66-69.

Stewart, M. (unpublished). For parents of hyperactive children. paper included in information packet of Carle Clinic Association. Urbana, IL.

Taylor, R. (1984). Building a quality program for gifted students: A resource handbook. Paso Robles, CA: Bureau of Education and Research.